



BASE ISSUE FEE TRANSMITTAL

This form is provided in lieu of a formal transmittal and should be used for transmitting the Base Issue Fee. The sections 1A through 4 below must be completed as appropriate.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, the Notice of Balance of Issue Fee Due if appropriate, and advanced orders will be mailed to the address entered in section 1 at the left below, unless you direct otherwise by specifying the appropriate name and address in 1A below.

1. H. GIBNER LEHMANN 5 KENT RD. EASTON, CT 06612	2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Base Issue Fee to the application identified below. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> (Signature of party in interest of record) <i>H. Gibner Lehmann</i> </td> <td style="width: 20%; padding: 5px;"> (Date) 9/1/82 </td> </tr> </table> <p>Note: The Base Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>	(Signature of party in interest of record) <i>H. Gibner Lehmann</i>	(Date) 9/1/82
(Signature of party in interest of record) <i>H. Gibner Lehmann</i>	(Date) 9/1/82		

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	DATE MAILED	EXAMINER AND GROUP ART UNIT
06/203,046	11/03/80	013	07/02/82	LIEBERMAN, C 354
First Named Applicant: BECKERER, FRANK S.				

TITLE OF INVENTION: **SELF-DRAINING BOAT WINDOW**

(This may have been amended by Exam)

BASE FEE COMPUTATION	BASE FEE DUE	ATTY'S DOCKET NO.	CLASS - SUBCLASS	BATCH NO.
\$100 + 4 (for dwg. @ \$2 per sheet) + \$10 =	114	1389	160-092.000	L38

1A. Further correspondence to be mailed to the following: <div style="display: flex; justify-content: space-between;"> <div> 09/20/82 203046 09/20/82 203046 09/20/82 203046 </div> <div>DO NOT USE THIS SPACE</div> </div>	2B. For printing on the patent front page, list below the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed below, no name will be printed. <table style="width: 100%;"> <tr> <td style="width: 5%;">1</td> <td style="width: 85%;">H. Gibner Lehmann</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>K. Gibner Lehmann</td> <td></td> </tr> <tr> <td>3</td> <td>106</td> <td>100.00 CK</td> </tr> <tr> <td>3</td> <td>107</td> <td>10.00 CK</td> </tr> <tr> <td>3</td> <td>108</td> <td>4.00 CK</td> </tr> </table>	1	H. Gibner Lehmann		2	K. Gibner Lehmann		3	106	100.00 CK	3	107	10.00 CK	3	108	4.00 CK
1	H. Gibner Lehmann															
2	K. Gibner Lehmann															
3	106	100.00 CK														
3	107	10.00 CK														
3	108	4.00 CK														

3. ASSIGNMENT DATA (print or type) A. (1) <input checked="" type="checkbox"/> This application is NOT assigned. (2) <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. (3) <input type="checkbox"/> Assignment submitted herewith. B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334). (1) NAME OF ASSIGNEE: (2) ADDRESS: (City & State or Country) (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:	4. The following fees are enclose: <input checked="" type="checkbox"/> Base fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording The following fees should be charged to deposit acc. no. _____ (PTOL-85c must be enclosed) <input type="checkbox"/> Base fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording <input type="checkbox"/> Balance of Issue fee due, if any Number of advanced order copies requested: _____ (must be for 10 or more copies)
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TRANSMIT THIS FORM WITH FEE

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